



Specialized Police Responses to People with Mental Illnesses A Checklist for Law Enforcement Program Managers

The following checklist will help your agency gauge how current policy and practice align with best practices in Specialized Policing Responses (SPR).

The checklist is designed with the knowledge that each law enforcement agency is unique and occasionally deviating from normal policy and practice may be necessary. For this reason, there are five answer options available to your agency. In instances where policy or practice always align with the question posed, choose “always.” In instances, where policies or practices align more often than not, choose “most times.” For policies or practices that happen rarely as described, choose “sometimes.” For questions where policies or practices never happen as described, choose “never.” Some questions may not apply to your particular agency; in those instances, choose “not applicable.”

Step 1: Make the SPR program an agency priority demonstrated through support by agency leaders, collaboration with partners and stakeholders, and the establishment of organizational structures and policies.

Always	Most Times	Some Times	Never	Not Applicable	<i>Law enforcement leaders demonstrate the importance of the SPR to the agency’s mission.</i>
					The agency chief executive has communicated to all personnel the importance of the SPR program, the benefits it will bring to the agency, and the expectations for the program’s success.
					The agency chief executive has identified an agency manager to oversee the SPR program and to represent the agency with external partners and stakeholders.
					The agency has worked through local media, newsletters, program websites, or partner/stakeholder agencies to promote the SPR program in the community.

Always	Most Times	Some Times	Never	Not Applicable	<i>Improving law enforcement encounters with people with mental illnesses requires that the agency collaborate with other organizations that interact with this population.</i>
					The law enforcement agency participates in a multi-disciplinary committee of key stakeholders focused on criminal justice-mental health collaboration.
					The committee includes representatives from: <ul style="list-style-type: none"> • Mental health service providers; • Individuals with mental illnesses; • Family members and loved ones; • Mental health advocates; • Criminal justice planning boards • Jail administrators, prosecutors; • Hospital and emergency room administrators • Health and substance abuse treatment providers; • Housing officials and other service providers
					Interagency memoranda of understandings (MOU) are in place for all criminal justice-mental health collaborations.
					Interagency memoranda of understanding (MOUs) address key collaborative issues, such as the resources each organization commits, education and training for personnel, information-sharing, collaborative decision-making, data analysis for program performance, and other key issues.

Always	Most Times	Some Times	Never	Not Applicable	<i>Organizational structures and processes support the SPR.</i>
					The agency has established goals and objectives for the SPR program.
					SPR goals and objectives are reviewed annually and updated as needed to reflect changing needs and resources.
					The agency has a process for the SPR program manager and other managers to provide regular feedback to agency leaders about program performance, needs and resources.

					The agency budget supports the needs of the SPR program.
					Written policies and procedures clearly outline the SPR program.
					Job descriptions for SPR staff include critical information about knowledge, skills and abilities required for the positions.
					Performance evaluations for SPR staff include measures related to the SPR program.
					The agency's process for recognizing and rewarding exemplary law enforcement performance includes honors and recognition for SPR staff who distinguish themselves in service to the community.
					Managers, supervisors and field training officers receive, at a minimum, awareness training about the SPR program.
					Other individuals in a support role (i.e., SWAT, hostage negotiators, EMT/paramedics, firefighters) receive, at a minimum, awareness training about the SPR program.

Step 2: Increase knowledge, skills and abilities of officers to appropriately respond to encounters involving people with mental illnesses through effective mental health and de-escalation training.

Always	Most Times	Some Times	Never	Not Applicable	<i>Mental health and de-escalation training conveys the unique approach and skills needed to respond effectively to mental health calls for service.</i>
					An agency-wide training plan exists to provide mental health and de-escalation training at the recruit, in-service and specialized levels.
					SPR program partners and stakeholders participate in the development of mental health and de-escalation training curricula.
					Law enforcement trainers are qualified to provide instruction on mental health and de-escalation topics.
					Mental health program partners assist in training law enforcement personnel on mental health and de-escalation topics.
					Mental health consumers and/or their family members assist in training law

					enforcement personnel on mental health and de-escalation topics.
					Law enforcement personnel who will be SPR specialists receive extensive skills and knowledge training (i.e. a 40-hour specialized course).
					<p>A specialized training course includes, at a minimum, instruction on:</p> <ul style="list-style-type: none"> a) mental illnesses and their impact on individuals, families, and communities; b) signs and symptoms of mental illnesses; c) stabilization and de-escalation techniques; d) common medications for mental illnesses e) trauma informed responses; f) active listening and de-escalation; g) use of force; h) disposition options and the corresponding procedures; i) community resources; j) information-sharing; and, k) legal criteria for involuntary emergency evaluations and other legal issues.
					Specialized training includes hands-on experiential learning, such as scenario-based role play, visits to mental health facilities, and group problem-solving exercises.
					<p>Call-takers and dispatchers receive training that addresses, at a minimum:</p> <ul style="list-style-type: none"> a) the structure and goals of the SPR program; b) procedures for receiving and dispatching calls involving people with a mental illness; c) recognizing and assessing a mental health crisis; d) appropriate questions to ask callers; e) identifying and dispatching SPR officers; f) notifying officers of repeat addresses, chronic consumers and individuals who pose a verifiable threat to officers; and, g) documenting calls and officer dispositions.
					Mental health professionals who work within the SPR program receive training on law enforcement policies and procedures rules.

					Cross-training is provided to improve the mental health professionals' understanding of law enforcement issues, such as ride-along and other opportunities to see policies translated into action.
					The agency has a process for reviewing and evaluating mental health and de-escalation training, and then modifying the curricula based on the findings.

Step 3: Effective responses to people with mental illnesses rely upon operational and administrative procedures—including dispatch, on-scene responses, custodial transfer, and information sharing—intended to meet the unique characteristics of mental health calls and which facilitate collaboration with behavioral health providers.

Always	Most Times	Some Times	Never	Not Applicable	<i>Responding effectively to mental health calls for service often requires approaches and tactics that are different than most other calls for service.</i>
Stabilization, Observation, and Disposition					
					Specialized officers are dispatched for calls that may involve a person with a mental illness.
					Responding officers are expected to assess whether: a) a crime has been committed; b) observe the person's behavior within the given circumstances to determine if mental illnesses may be a factor; c) ascertain whether the person appears to present a danger to self or others; and, d) use skills that safely de-escalate situations involving someone who is behaving erratically or is in crisis.
					Officers divert individuals to behavioral health facilities when behaviors appear to result from mental illnesses, and no serious crime has been committed.
					When a serious crime has been committed, the person is arrested.
					Officers understand state criteria for involuntary mental health emergency evaluations.

					The agency maintains an easily accessible list of behavioral health care resources for use by officers when effecting a disposition —particularly any centers that receive individuals with mental illnesses.
					Officers engage the services of the individual’s current mental health provider, a mobile crisis team, or other mental health crisis specialists to determine an appropriate disposition.
					When incidents involve people with mental illness who have barricaded themselves or taken hostages, protocols govern coordination among SPR responders, SWAT teams, negotiators, and mental health professionals.
Transportation and Custodial Transfer					
					Officers adhere to agency policy on the use of restraints while in custodial situations when detaining Individuals for the purpose of an emergency evaluation (whether voluntary or involuntary).
					Officers understand the criteria established by behavioral health facilities for accepting clients from law enforcement personnel.
					Mental health receiving facilities do not turn away law enforcement officers who bring individuals who meet criteria for evaluation and services.
					Staff in mental health receiving facilities obtain information and conduct intake procedures in a manner that expedite officers’ return to service.
					When no formal action (i.e., emergency evaluation or arrest) is taken, officers connect the person with a friend or family member, peer support group, or treatment crisis center.
Information Exchange and Confidentiality					
					Written protocols govern the exchange of information about individuals between law enforcement and behavioral health staff.
					Officers share information with mental health professionals regarding the person’s observable behaviors on scene to facilitate the most appropriate disposition.
					Responsible exchange of Information consistent with state and federal laws is practiced to protect individuals’ confidentiality rights as mental health consumers and constitutional rights as potential defendants.

					LE and MH agencies specify which personnel have the authority share information regarding an individual's mental health and criminal history.
					Officers inform the person with a mental illness and their family members about: <ul style="list-style-type: none"> a) mental health treatment linkages and services; b) criminal proceedings; c) diversion programs; d) protective orders; and, e) victim support groups with family members and crime victims.